

Attorney Docket No.: NVID-P000817



STATES PATENT AND TRADEMARK OFFICE

DEVIN	111	INE	UNITED STA	TIES PATENT	AND INAUEINI	ARK OFFICE					
Thereby bearing F	irst Class	this tra Postage	nsmittal of the below des e and addressed to the C	scribed document is being Commissioner for Patents	deposited with the United P.O. Box 1450, Alexandria	States Postal Service in an envelope , VA 22313-1450, on the below date					
Date of Deposit:	01/27	/06	Name of Person Making the Deposit:	KATHERINE RINALD	Signature of the Perso Making the Deposit:	"Katherile Reneld					
In re Application of: Radoslav Danilak											
Applica	ation No	.: 10	/725,980	Examine	Lee, C.						
Filed:	12/01	12/01/03 Art Unit: 2182									
Confirm	Confirmation No.: 4928										
For: A BYPASS METHOD FOR EFFICIENT DMA DISK I/O											
	issioner ox 1450		atents								
Alexandria, VA 22313-1450 AMENDMENT TRANSMITTAL											
1. Transmitted herewith is an amendment for this application											
Transmitted herewith is a response to an office action for the above identified patent application. (11 sheets) Transmitted herewith are sheets of substitute formal drawings. Other:											
2.	2. Applicant is other than a small entity										
2. Applicant is other than a small entity Extension of Term											
3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.										
(a)	[X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)										
If an ac	dditional	exter	Extension [X] one month [] two months [] three month [] four months [] five months	h \$ 5 \$ hs \$ 5 \$	ee 120.00 450.00 1,020.00 1,590.00 2,160.00 ee \$ 120.00	erefor					
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(b) [] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims	20	- 20 =	0	x \$50.00	\$0.00					
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00					
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$120.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45594

Respectfully submitted,

Date: 1/27/03

Glenn D. Barnes Reg. No. 42,293